

Secretary of State  
Bureau of Motor Vehicles  
29 State House Station  
Augusta, Maine 04333  
207-624-9000, ext 52149

**REQUEST FOR A DUPLICATE  
REGISTRATION CERTIFICATE**

**Fee \$2.00**

Name \_\_\_\_\_

Vehicle Year \_\_\_\_\_

Address \_\_\_\_\_

Vehicle Make \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Plate No. \_\_\_\_\_

**1. Is your registration or privilege to register now under suspension?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**2. Are you required to file an SR-22 certificate of insurance with the Bureau of Motor Vehicles?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**I hereby request a duplicate registration for the vehicle described above and the information provided is true.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date